

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/5/20633

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							S1					
2	1							S2					
3	1							S3					
4	1							S4					
5	1							S5					
6	1							S6					
7	1							S7					
8	2							S8					
9	2							S9					
10	2							S10					
11	2							S11					
12	1							S12					
13	2							S13					
14	2							S14					
15	1							S15					
16	1							S16					
17	1							S17					
18	1							S18					
19	1							S19					
20	2							S20					
21	1							S21					
22	5							S22					
23	5							S23					
24	6							S24					
25	6							S25					
26	6							S26					
27	1							S27					
28	6							S28					
29	1							S29					
30	6							S30					
31	1							S31					
32	6							S32					
33	6							S33					
34	7							S34					
35								S35					
36								S36					
37								S37					
38								S38					
39								S39					
40								S40					
41								S41					
42								S42					
43								S43					
44								S44					
45								S45					
46								S46					
47								S47					
48								S48					
49								S49					
50								S50					
TOTAL IND.	7							TOTAL IND.					
TOTAL DEP.	24							TOTAL DEP.					
TOTAL CLAIMS	81							TOTAL DEP.					